



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 30, 2007

Jolene Tuma, Administrator
Curry Retirement Estate
511 Monte Vista Drive
Twin Falls, ID 83301

License #: RC-340

Dear Ms. Tuma:

On October 31, 2007, a Fire Life Safety Survey was conducted at Curry Retirement Estate. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

FILE COPY

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 5, 2007

Jolene Tuma, Administrator
Curry Retirement Estate
511 Monte Vista Drive
Twin Falls, ID 83301

Dear Ms. Tuma:

On October 31, 2007, a Fire Life Safety Survey was conducted at Curry Retirement Estate. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 30, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes", with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R340	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2007
NAME OF PROVIDER OR SUPPLIER CURRY RETIREMENT ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 2538 E 3800 NORTH TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on October 31, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6699

EW8V21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Curry Retirement Estate	Physical Address 2538 East 3800 North	Phone Number 208-234-0626
Administrator Jolene Tuma	City Twin Falls Id	ZIP Code 83301
Survey Team Leader Taylor Barkley	Survey Type	Survey Date 10-31-7

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.01	Facility has a multiple electrical Adapter in use in the TV room	11/04/2007 7/3	
2	405.01	Resident room #9 has a multiple adapter in use.	11/04/2007 7/3	
#1		the 6 ply surface mount Adapter was removed. standard outlet plate installed over plug. A 6 ply surge Adapter with separate fuse was installed. All the cords were organized into a small unit.		
#2		Dorothy's Room #9: the 4 ply Adapter was removed. standard outlet plate installed. A surge Adapter with separate fuse was installed to hook up her TV sets.		
		Also replaced 2 other critical switch plates in the hallways. Horan and Barkley can verify these changes. the re employees signed: Charles Juma 11/26/2007.		
Response Required Date 12-1-7		Signature of Facility Representative 	Date Signed 16/2/07	